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PROVIDENCE, R. I., AUGUST, 1924

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CONTENTS

ORIGINAL ARTICLES

President's Address. Dr. Arthur S. Jones	113
Prenatal Care. Dr. Paul Appleton	115

ANNOUNCEMENT

Attention—Former Illinois Doctors	119
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Contents continued on page IV advertising section

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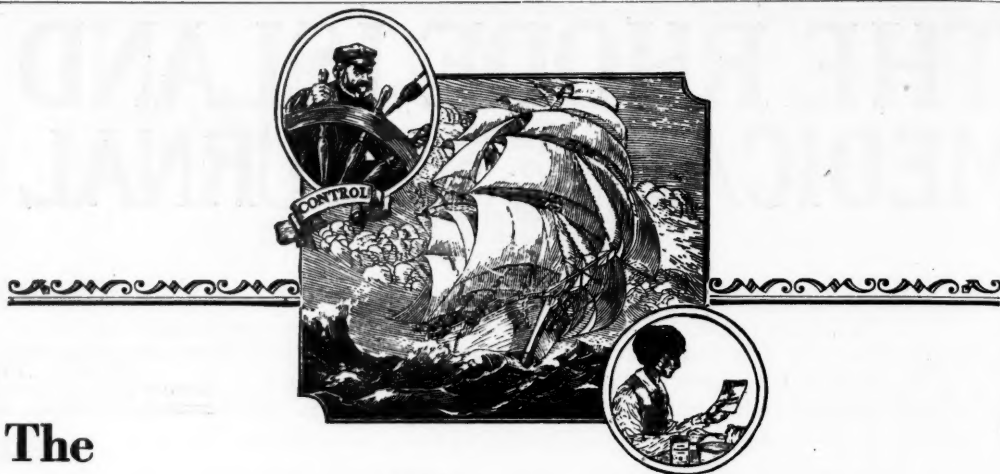


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ORIGINAL ARTICLES

PRESIDENT'S ADDRESS*

By DR. ARTHUR S. JONES

PROVIDENCE, R. I.

Fellows of the Rhode Island Medical Society—one year ago you conferred upon me the highest honor that it is within the power of the medical profession of Rhode Island to confer upon a member. I would be ungrateful indeed if I did not appreciate that honor to its fullest and I wish to express, at this time, my sincere appreciation.

In accepting this office, the President assumes responsibilities and there is a certain amount of work incumbent upon the office. I assure you, however, my duties during the past year have been a real pleasure. When work is a pleasure it really ceases to be work and I have not looked upon my duties during the past year as other than a pleasure.

I wish to take this opportunity to express my thanks to the other officers in the Society who have been very loyal and willing at all times, and who have helped to make my duties the pleasure that they have been.

To our Secretary, Dr. Leech, I wish particularly to express my appreciation for his invaluable services. It is very easy to fill the position of President if the President has Dr. Leech to pilot him through; always willing, courteous, good-natured and always doing the right thing; who knows every little detail of the Society's work and is always "on the job" to do anything for the good of the Society.

Four of our members have died during the year, an unusually heavy toll. Not only is the taking away of these members a great loss to the Society, and the medical profession, but it is a real loss to the City of Providence and State of Rhode Island.

During the past year we have had our regular quarterly meetings and one special meeting. The papers have been quite up to the standard especially those that were presented by our own mem-

bers. The fellows have been particularly gracious in complying with my request for papers and I wish to express my thanks to them for their hearty co-operation.

Your Committee on Legislation has been particularly active and efficient and with the assistance of legal advice has been on the alert through the year for any legislation that was of interest to the medical profession of Rhode Island.

The attendance at our meetings has been very good, yet not as large, it would seem to me, as it should be for a State Society of some 400 members. An effort has been made to make these meetings of more interest to the members outside of Providence by having a morning of clinics at the Rhode Island Hospital and St. Joseph's Hospital. Most excellent clinics were given, but the attendance was so small especially by the out-of-town members that it was anything but encouraging to these men who were good enough to give their efforts and time to this work for the benefit of those members we hoped might come from the various parts of the State.

An operator in a clinic or a reader of a scientific paper is in quite a similar position to the actor who appears before an audience. There is nothing so discouraging as a small audience, nor on the other hand nothing so stimulating and encouraging as a large audience, or, as he may say, to see a "full house."

Most medical societies, however, seldom turn out more than twenty-five per cent. of their members at meetings, so, perhaps, it is more than we should ask to have our meetings any better attended than they have been. However, the loss is to the member himself. He does not come either from lack of interest or he permits some other engagement to interfere.

With our State Society, as well as our City Society, holding its meetings at a definite time, which is known to every member, I feel that each member should, as far as possible, and for his own good, set aside these dates and not let other interests interfere with his attending those meetings.

We get from any society, medical or otherwise, just about what we put into it and if we put forth

*Read before the annual meeting of The Rhode Island Medical Society, Thursday, June 5th, 1924.

no individual effort ourselves we are quite apt to take nothing from it.

The members who are regular attendants give of their time and efforts and they also reap their reward.

There is always something that we can learn at any meeting or from any paper or clinic and it is well worth our time to attend these meetings as faithfully as possible; to do our part in contributing and to take part in the discussions.

There are many subjects that I might go into at this time that affect the profession at large and especially the profession of Rhode Island. Some of these subjects have been food for discussion or addresses by previous Presidents and have been well set forth. The Subject of Cults—as they affect the public at large as well as the medical profession, is one that could well occupy a whole afternoon's discussion.

Our Legislative Committee has been active in regard to this particular subject and has done all in its power to work for the public welfare.

I believe that most of these so-called Cults are evils similar to infectious diseases which are usually self-determined and which will run a more or less definite course with very little assistance on our part. Our efforts should be particularly in the line of educating the public on matters medical and surgical rather than making any great attempt to actively combat these evils ourselves. I think our efforts will be of more avail if used in this way. The more we talk against some of these Cults and new methods of treatment the more we advertise them and the more a certain element of the public will come to their rescue feeling that they are much abused and that they should have just as much right to live and carry on their practice as the legitimate medical man who has conformed to a definite curriculum of study in a licensed medical school; who has put in from one to three years in hospital work and who has given his best efforts primarily to cure or alleviate the ills of his patient. A campaign of education will do more in having the public see things in their proper light and I would like to see more articles on medical and surgical subjects; matters of public health; child welfare; pre-natal care of mothers, etc., by reputable men of our profession given to newspapers regularly and frequently. I would suggest that the Com-

mittee on Publication or a special committee take up the feasibility of broadcasting each week at least one ten-minute talk, by some member of our Society, on one of these subjects.

Our aims as members of the medical profession and member of the Rhode Island Medical Society should be at all times to continue to increase our own fund of knowledge that we ourselves may be better men in the profession and that we may give better service each year if possible in the art of medicine and surgery. We can do this best by reading something each day from medical journals or our latest medical works; in attending our local medical meetings and particularly in attending other state and national medical meetings. The latter I think are particularly valuable for we get opinions and ideas of the men from the various parts of the country, which tend to broaden our horizon and make us see these subjects from perhaps a different angle.

It has been my pleasure to visit during the past year the Pawtucket Medical Society, the Kent County Society, the Washington County Society and the Newport Society. All of these district society meetings were well attended and opinions were exchanged which were of mutual benefit. At the Newport meeting, at your President's suggestion, it was voted to invite the Rhode Island Medical Society to hold its next September meeting in Newport. This, I think, will be of benefit to the Newport Society as well as to the Rhode Island Society, besides the very great pleasure that we will have in meeting at that time of year in the beautiful City of Newport. I think that a closer contact between the State Society and the District Societies is something to be fostered and that it will be of mutual benefit.

I cannot close this short address without saying a few words which directly affect the welfare of the public and the standing of our profession in the eyes of the public. This is along the line of the efforts of the American College of Surgeons, which has done so much; first, in standardizing the hospitals of the country and now in its effort to standardize the specialties. First let me say that there are many men in Rhode Island who are not members of the College of Surgeons, but who are eligible and should be members of the College and can be members of the College by complying

with the requirements which the College has laid down.

Any man who wishes to take up a specialty in medicine or surgery should be permitted to do so, but there should be some definite training which that man should have before he is permitted to put himself up as a specialist or one who is particularly proficient in that special work. I believe that every man should have at least five (5) years of general practice before taking up a specialty. He should then work along the prescribed lines beginning at the bottom in his position as out patient man, if you will, assistant and finally as visiting to some good hospital or that he should after a certain number of years in general practice work with some recognized specialist for a sufficient length of time to acquire that degree of skill which would entitle him to take the stand that he is now qualified to practice that specialty and to let it be known to the public that he is a qualified specialist in his particular line.

A specialist in any line should have sufficient training in diagnosis and treatment before taking up his specialty so that he may take a broad view of the whole condition of his patient and not have the contracted vision and the idea that all ills revolve around his own particular specialty.

The internist and the surgeon should work more hand-in-hand as they each need the other in coming to the conclusion which is for the best welfare of the patient.

The College of Surgeons is attempting to prescribe a definite standard to which a specialist shall measure up before he may proclaim himself a full fledged specialist, and I think that it is not far in the future before legislation will be enacted which will make it imperative that every man who is to practice as a specialist shall be required to show proper credentials that he is qualified in his special line. Only by so doing can the public have any idea of who is who in the profession and be protected from those aspiring but well meaning men who wish to arrive at a specialty by some quick and insufficient road or system of training.

In closing permit me to again thank you for this honor which I have enjoyed and to say that I shall ever have the best interest of the Rhode Island Medical Society and its members at heart and that I shall be always willing and ready to

render any service possible for the welfare of the Society.

PRENATAL CARE.*

BY DR. PAUL APPLETON,

PROVIDENCE, R. I.

The care of a patient during her pregnancy has in recent years become an important item in the practice of obstetrics. It is a matter which concerns lying-in clinics, obstetricians, public health officers, and should concern the average practitioner and the public.

Prenatal care begins with the advice and instruction of the patient as to her habits and hygiene. It involves objective observation of her physical condition, especially with reference to her ability to bear a child, and does not end until every barrier has been raised about her to protect from infection or other preventable complications resulting from her delivery.

It is of value to the patient more than she can realize. It should give her confidence of interested care, and engender an attitude of co-operation on her part. It should give her definite, simple ideas about the hygiene of pregnancy, rather than leave her to acquire prejudiced, fictitious, and even superstitious beliefs from her neighbors,—all too willing to advise whereof they know not.

It is of value to the doctor, for it leads to a reasonably accurate estimate, both physical and psychological, of the patient's ability to deliver. He should have a good idea of her general condition, an accurate idea of her pelvis, and at term an approximate diagnosis of foetal size and position leading to appropriate management of the case, rather than hit or miss methods. I do not mean to imply unwarranted interference or meddlesome obstetrics. Such methods are dangerous, lead to serious damage, and altogether deplorable.

Prenatal care should be thorough enough and observation of the patient often enough to give us the desired information. It should not, however be overdone so as to become a burden to the patient. On the other hand, I believe the busy practitioner is easily led to take rather a light

*Read before the Providence Medical Association, June 2d, 1924.

view of the matter and not give his patient sufficient time or effort to insure her against the preventable complications of pregnancy.

There seems to be a considerable variance of opinion as to just what constitutes adequate prenatal care, and there is no definite standard as to what it means. On this account, I propose to outline the essentials to be observed in the matter.

Assuming that the diagnosis of pregnancy has been made, the first visit should be spent in the acquisition of a careful history, and preliminary instruction to the patient. The usual family history should include the matter of multiple pregnancy on either parental side. The past history is important especially regarding those diseases which may have left their mark on the present physical condition of the patient, not forgetting rickets or other metabolic disorders of etiological importance in deformed pelvis. Traumatata and surgical operations should also be recorded, especially those of a gynecological nature which reveal the possibility of present pelvic pathology. The menstrual history is important, for therefrom we get the data most useful in estimating the date of confinement of the individual patient.

Of course the most important part of the history of a multigravida is that of the previous pregnancies, labors and puerperia, for given a story of normal delivery at full term and an uneventful convalescence, we have a most reassuring background for the present situation. Conversely, the history of pernicious vomiting, toxemia, hydramnios, or any interruption of pregnancy before term, should lead us to searching inquiry for cause and effect relations liable to recur and which already may demand prophylactic care. Likewise, difficult operative delivery in the past may put us on our guard for a similar occurrence, or perhaps lead us to manage our case somewhat differently this time. A history of inverted nipples, difficult nursing or breast abscess is most significant. In fact, in each case there may be some suggestion which may well be the keynote to successful management this time.

Having completed our history, I believe the patient should be advised about her conduct and habits during this pregnancy. If the questions that are generally asked, are answered before they arise, our prenatal counsel is most reassuring.

One should follow his own opinion regarding

exercise, automobile trips, diet, constipation, nausea, clothing, and other matters pertaining to the hygiene of pregnancy. But whatever the opinion, it should be voiced, rather than left unsaid, with the patient depending on her own fallible judgment.

Most patients have prejudices concerning maternal impression, sex determination, hospital care, instrumental delivery, anesthesia, and other matters. These prejudices acquired through conversation with their neighbors or well meaning relatives may cause unnecessary suffering, and should be dismissed as they arise. I find it a matter of good mental hygiene to advise the patient not to discuss her pregnancy or approaching labor with other women, but if she has questions, no matter how trivial they may seem, to have them answered at the next visit. This takes time, but is it not our business to ease the patient's mind, if she is of the worrying type, especially during the impressionistic time of pregnancy? If we do not help her, she will get plenty of proffered opinion from her friends, that will foster a troubled and foreboding attitude not at all easy to combat.

Don't forget to warn your patient against the use of medicines without advice. Drugs which might ordinarily be used on her own responsibility, may make trouble during pregnancy.

After the first visit it is my opinion that the patient should be seen at least once every four weeks up to the eighth month of pregnancy, and thereafter every two weeks or oftener. This schedule is to my mind the minimum of care concomitant with ordinary safety. Some obstetricians see their patients every week during the last six.

It is not enough to have her send a specimen of urine to the office. We have frequently seen a normal urine with a blood pressure reading which forewarns of a severe toxemia, and vice versa. I have in mind a patient who sent a specimen of urine to her doctor's office and he found it to contain no albumen. She forgot to send word that she was excessively drowsy, that she had tremendous oedema, that her vision was blurred, and that she had some uncontrollable twitching of her facial muscles. A few hours later she was having convulsions, and valuable time had been lost towards combatting the eclampsia. Had the doc-

tor seen his patient he might have saved much suffering. If the patient is unable to report at the office for her regular visit, go and see her. Don't trust to the telephone or hearsay evidence that she is "all right." There is many a patient who reports herself as well, when our observation tells us that she is toxic. If she is going to visit in another city, see to it that she sees some competent physician there, for her prenatal care. Half hearted care is dangerous. Real interest in the patient is good life insurance. It is well to keep some simple system of follow up, so that the neglected visit of a patient does not slip by unnoticed.

The first physical examination should be a general one according to the routine procedures of our best hospitals. Gross pathological findings should not be missed. Begin with the head and go over the neck, chest, abdomen, and contained organs, the pelvis and extremities, and reflexes. Especially must we be informed of the type of breast tissue and nipples, the pelvic measurements, the condition of the perineum and cervix, the calibre of the birth canal with especial reference to impinging bony prominence which may cause dystocia.

At the routine visits, during pregnancy, the essential data to be obtained are presence or absence of oedema, headache, ocular disturbances, nausea and vomiting, constipation, flowing, or pain, with particular attention to an accurate blood pressure reading and urine analysis. Other observations may suggest themselves with the individual patient. If one suspects multiple pregnancy and cannot make a diagnosis, an X-Ray plate is most reassuring. If albumen appears in the urine, or if the blood pressure is rising, the patient needs much more careful observation, and in some cases almost daily visits, so that we may be ahead of the insidious appearance of eclampsia. Many of these cases should be under hospital supervision and treatment rather than allowed to continue at home under inaccurate observation.

As the patient approaches estimated term, further examination is indicated to determine the relative size of the baby, bearing in mind the size of the pelvis. Should any doubt exist about the measurements they may be checked up at this time. In fact, comparative measurements are often interesting. The foetal position can now

be made out in most cases and the degree of engagement of the presenting part is valuable information. Of course one listens to the foetal heart, noting its rate, its quality and where it is best heard.

Special examination and consultations are advisable in the presence of cardiac disease, tuberculosis, diabetes and other organic conditions, with a view to bringing the patient to delivery in the best possible condition to withstand the pain and exhaustion of labor.

As the patient approaches term, vaginal examination is to be avoided except in very rare instances and then of course, should be done only under most thorough aseptic technique. Rectal examination will give us most of the desired information that cannot be made out abdominally. The amount of cervical dilation is not necessary information until after the patient has been in labor and one believes that progress is for some reason impeded, or in cases where from toxemia or other cause some operative interference is desirable.

I have tried to outline the bare essentials of really adequate prenatal care. It is simpler than it sounds. If we undertake an obstetrical case, we are in duty bound to give the patient the benefit of this care. It is just as much an essential to the management of the case, as it is to deliver her. If the practitioner intends to refer his case to an obstetrician for delivery, I see no objection to his taking care of his patient through her pregnancy provided he will give her the attention she deserves. Otherwise, the case should be referred early enough to prevent any lapse of time wherein she might, failing of observation, develop unrecognized complications.

DISCUSSION OF DR. PAUL APPLETON'S
PAPER ON "PRENATAL CARE," READ
BEFORE THE PROVIDENCE MEDICAL
ASSOCIATION, JUNE 2, 1924.

DR. H. G. PARTRIDGE: Mr. President, Members of the Association:—I haven't very much to say. Of course Dr. Appleton has told us things most of us should know. I do want to emphasize some of the things he has spoken of. The patients are much more ready to come to us when we ask them to than they were a few years ago. We have

very little trouble in getting them to come back whenever we ask them to. The public is beginning to realize that it is not anything that anybody can take care of.

Dr. Appleton spoke of a very important thing, urging the patient not to believe everything she hears from her friends. I am in the habit of telling my patients that whenever they hear anything they don't understand, to see me or call me up, to regard me as a friend as well as a physician. I feel that if they do come to me with the old wives' fables, I can save them much discomfort and annoyance. They always seem to tell the expectant mother strange things all about the bad cases they know of, but not about the hundreds who have had no trouble. I always tell my patients to look out on the street and see the hundreds "who all came the way your baby is coming."

Regarding the intervals between the visits of the patient to the doctor, I like to see my patients every three weeks during the first few months, and every week the latter part of the time. Most of them do it. The ideal thing would be to have them come every week all through pregnancy. I have patients who have their urine examined by their husbands all through pregnancy. It is essential for the doctor to know: first, the condition of the urine; second, the condition of the blood pressure; and third, the pelvic measurements. I think in this part of the country we have very few pelvic deformities, and it is rather unusual both in hospital and in private practice, yet if we find one we can save the baby and mother considerable trouble. It seems easy to take these measurements, but it is not always easy.

As I said in the beginning, I think the public is appreciating more and more that prenatal care is worth something. I don't believe it will prevent wrong presentations, hemorrhages, separated placentas, but it will do a good deal to prevent eclampsia, and the mother is in much better health than if she had not had this prenatal care.

* * * *

DR. I. H. NOYES: Certainly we are grateful to Dr. Appleton for bringing this subject to the attention of the Society and for discussing it so deeply. That prenatal care is valuable is proven by the fact that large industrial insurance companies are willing to pay a good deal of money to

nurses to watch their policy holders during this period to see that they get some degree of prenatal care.

I believe, as Dr. Partridge has said, that women are becoming educated, in Providence anyway, in the first place by placing themselves more and more under doctors' care than formerly. That is shown by the decrease in the number of women in the city who have trouble. I believe that the work of the Providence District Nursing Association has aided very greatly in this education. The prenatal work done by this organization has been greatly increasing until at the present time they are doing more prenatal work than any other organization. They are willing and anxious to co-operate in this work with the doctors. I am told that if the doctor has a patient who for some reason or other he feels is not able to come to his office, if he would like to have her observed the District Nursing Association will be very glad to co-operate with him and send a nurse to the patient's house during the interval between the patient's visits to his office, and that they are now equipped to not only get a fair idea of the patient's condition in the house, but also to test the urine for albumen by the nitric acid test if the doctor so wishes, and after each visit they will send a report of the patient's condition to the doctor if he so desires. I think that the Providence District Nursing Association would welcome the formation of a Maternal Welfare Committee of the Providence Medical Association to work in an advisory capacity with them in somewhat similar manner to the Child Welfare Committee which is now in existence.

There is one other point that I would like to refer to, and that is the midwife situation. In 1923, last year, some twelve hundred births were conducted in the City of Providence by midwives. That is about eighteen per cent of the entire birth reports, and about the same number of births that occur at the Providence Lying-In Hospital every year. I believe that some way should be found whereby more of these women who are to be confined by midwives should receive better and more prenatal care. It seems to me that this is a proposition for which an attempt should be made. I have often felt that it would be a great advantage with the primiparous women who are to be under the care of midwives if they could be sent to a

clinic for observation. Midwives should be required to send these women to a clinic for one thorough examination during the pregnancy so that their pelvic measurements might be taken and a general physical examination made and any gross pathological condition discovered.

* * * *

DR. SCAMMAN: Mr. President:—As a member of the City Health Department I want to say that the department is interested in anything that has to do with helping to lower the infant mortality. I think that Dr. Stone would agree that we would like to have it a good deal lower, and I think prenatal care has a very direct bearing on that.

I would like to say that the City Health Department proposes soon, I say soon with some degree of fear and trembling, but within a few months, to issue some prenatal letters, a series of letters which might be available to all expectant mothers. Just how we will reach the expectant mothers is not entirely settled. There are a number of methods, but it seems to me that this is a good time for the society to know of that fact.

* * * *

DR. BUFFUM: I would like to emphasize what several others already have said. As you know, there has been a tremendous fall in infant mortality in the last fifteen or twenty years. I very much feel that the next big fall will be caused by prenatal work. The condition of the mother and baby at the time of birth is a very big cause of this mortality. We can readily see when the baby is born prematurely, or even at full term, by the poor condition of the mother that he has a poor chance, and statistics will bear out that these are the babies that have a large mortality. If babies can come to term with the mother in good condition, the baby will stand a better chance. Of course the chances of her nursing the baby are much better. I think this matter is one of utmost importance.

ANNOUNCEMENT

ATTENTION—FORMER ILLINOIS DOCTORS—

ATTENTION.

Will any and all doctors, former residents of Illinois, or descendants of pioneer physicians of the "Illinois country," communicate at once with the Committee on Medical History, Illinois State

Medical Society, 6244 North Campbell Avenue, Chicago, Illinois?

Under the sponsorship of the Illinois State Medical Society there is in preparation "A History of Medical Practice in the State of Illinois" that must go to the printer at an early date. In order that this volume may be accurate and complete, all possible assistance is asked from every source, as to personal data and experiences, including diaries, photographs and similar documentary mementoes of pioneer Illinois doctors and of progressive phases of medical practice, as well as of achievements in fields other than those of medical science. Prompt return in good condition is promised for anything loaned the committee, the personnel of which is:

O. B. Will, M.D., Peoria, Ill.

C. B. Johnson, M.D., Champaign, Ill.

Carl E. Black, M.D., Jacksonville, Ill.

George A. Dicus, M.D., Streator, Ill.

James H. Hutton, M.D., Chicago, Ill.

Chas. J. Whalen, M.D., Chicago, Ill., Chairman.

The scope of the volume will range from the discovery of Illinois to modern times. Through this period of over 250 years there is much of thrilling interest to be detailed. Collection of the human interest data can come only from the families or closest friends of the pioneers, many of whom long ago removed to distant sections of the United States. Through the kindness of editors of various medical journals, it is hoped to reach those who may be able to loan valuable material to the compilers who guarantee careful guardianship of anything sent for publication.

Some of the subjects touched will be: Physicians accompanying early explorers; government surgeons and physicians in attendance at the forts; early medicine in Illinois; theories of healing from the days of the Aborigines through the mound-builders; French and English explorers; the ante-boundary days; sporadic settlers; medical attendants for the covered wagon; herb doctors; primitive surgery; medicine and missionaries; migration of pioneer physicians to new territory; the circuit-riding and "saddle-bag" doctors and their burdens, triumphs and perils; pioneers as "utility citizens"; Illinois men in war time—there are four conflicts to be considered since the opening of the nineteenth century; Illinois medical men away from medicine, i. e., in industry, in science, in belles-lettres—art, music and literature.

Photographs especially are desired. Also copies of letters, statements of "cures" and "new methods," diaries and the like.

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RHODE ISLAND MEDICAL SOCIETY

Meets the first Thursday in September, December, March and June

WM. F. BARRY	<i>President</i>	Woonsocket
HALSEY DEWOLF	<i>1st Vice-President</i>	Providence
H. G. PARTRIDGE	<i>2nd " "</i>	Providence
JAMES W. LEECH	<i>Secretary</i>	Providence
J. E. MOWRY	<i>Treasurer</i>	Providence

DISTRICT SOCIETIES

KENT

Meets the second Thursday in each month

G. HOUSTON	<i>President</i>	Arctic
C. S. CHRISTIE	<i>Secretary</i>	Riverpoint

NEWPORT

Meets the third Thursday in each month

NORMAN M. MACLEOD	<i>President</i>	Newport
ALEXANDER C. SANFORD	<i>Secretary</i>	Newport

Section on Medicine—4th Tuesday in each month, Dr. Charles A. McDonald, Chairman; Dr. C. W. Skelton, Secretary and Treasurer.

R. I. Ophthalmological and Otolological Society—2d Thursday—October, December, February, April and Annual at call of President Dr. F. Nulton Bigelow, President; Dr. Jeffrey J. Walsh, Secretary-Treasurer.

The R. I. Medico-Legal Society—Last Thursday—January, April, June and October. Dr. H. S. Flynn, President; Dr. Jacob S. Kelley, Secretary-Treasurer.

PAWTUCKET

Meets the third Thursday in each month excepting July and August

T. EDWARD DUFFEE	<i>President</i>	Pawtucket
ROBERT T. HENRY	<i>Secretary</i>	Pawtucket

PROVIDENCE

Meets the first Monday in each month excepting July, August and September

GEORGE W. VAN BENSCHOTEN	<i>President</i>	Providence
P. P. CHASE	<i>Secretary</i>	Providence

WASHINGTON

Meets the second Thursday in January, April, July and October

F. E. BURKE	<i>President</i>	Wakefield
WM. A. HILLARD	<i>Secretary</i>	Westerly

WOONSOCKET

Meets the second Thursday in each month excepting July and August

A. A. WEEDEN	<i>President</i>	Woonsocket
THOMAS S. FLYNN	<i>Secretary</i>	Woonsocket

EDITORIALS

IMPRESSIONS OF THE CHICAGO SESSION OF THE AMERICAN MEDICAL ASSOCIATION.

This year's meeting of the American Medical Association at Chicago, June 9th to 13th, will go down in history as one of the largest and most successful gatherings of medical men ever held on this continent.

The selection of Chicago as a meeting place was particularly fortunate, since it is the medical

centre of the country, as it is, for practical purposes, the geographical centre as well.

The American Medical Association is housed in a large, modern, seven story building situated about midway between the business and better residential section of Chicago and within easy access of both. The building provides ample accommodation for the editorial and printing plant, and in addition has a well equipped laboratory, research departments and library, and departments for propaganda work. There is a large assembly room on the fifth floor, well adapted for

meetings of the House of Delegates, and used for this purpose during the meeting.

The departments are under the head of capable chiefs and are well conducted. Among these departments that devoted to Hygeia is perhaps the most outstanding feature in the development of the Association's policy during the past two years. The Association is a large business concern, with a financial turnover of over one million dollars a year,—a fact not generally appreciated by the Fellows.

The meetings of the House of Delegates are conducted after the manner of our Congress, and particularly of the House of Representatives. Speaker Warnshins is a very capable presiding officer and business is transacted with precision and despatch. Much of the business is necessarily referred to committees, who, after conference, must impart their recommendations to the House. There is the usual display of oratory seen in any deliberative body, and one realizes that many a good politician has been spoiled to make a poor doctor.

Many changes will occur this year in the official family of the Association. Dr. George H. Simmons retires after many years of faithful service as Editor and General Manager. Dr. Wendell Phillips retires as Chairman of the Board of Trustees, and Dr. Frank Billings as Secretary of that body. The position of Chairman of the Trustees is more important than that of President, which is largely an honorary position. Their successors in office have been chosen with great care. Contrary to the usual custom the selection of a meeting place for next year was left to the Board of Trustees in order that better arrangements may be made with hotels in the proposed city.

The registration was the largest in the history of the Association. The section meetings, scientific and commercial exhibits, motion picture theatre and registration bureau were all located on the Municipal Pier, centrally located in the hotel district on the lake front, and extending out for nearly a mile into Lake Michigan. The section meetings were well attended and greatly appreciated. The hotel accommodation was adequate and convenient, and the usual railroad rates prevailed.

COMPENSATION.

Occasionally a Workmen's Compensation case from a neighboring State drifts into Rhode Island and leads us to wonder at some medical conditions.

The Compensation Act in that State is interpreted by an Industrial Accident Board which, upon the recommendation of a Medical Advisory Committee, composed of representatives of the State medical societies and members of the profession at large, fixes the fees which are allowed the physician in Industrial Accident cases. For care in a hospital, the charge is to be twenty-one dollars per week. For a hernia operation, the surgeon is to receive fifty dollars for the operation and after care, the assistant, ten dollars, and the etherizer, five dollars. In a number of large general hospitals, managed with the greatest efficiency and economy, it has been found impossible to care for a patient at much less than four dollars per day. The surgeon at fifty dollars, the assistant at ten, and the etherizer at five are not adequately paid for their time. The surgeon should make a preliminary examination of the patient to determine the need for the operation and the nature of the operation to be performed and must make a number of post-operative calls and dressings. In some hospitals he must assume the responsibility for the difference between the actual cost of the patient's keep and the amount allowed the hospital by the Industrial Accident Board. If he should pay this amount and make twelve post-operative calls at three dollars each, his fifty dollars would be gone and he would receive no compensation for pre-operative services nor for performing the operation. The etherizer should make an examination to determine if the patient can safely undergo the operation for which the fee of five dollars is adequate but leaves no remuneration for the important work of administering the anesthetic.

A million dollar corporation legally obliged to provide proper medical care for an injured employe, pays three-quarters of the actual cost of hospital care and less than one-half the value of the services of surgeon, assistant and etherizer. The rest must be charged as charity, not because the corporation is in need of charity but because the Industrial Accident Board, having received no

suggestion from the Medical Advisory Committee that the rates be changed, adheres to the schedule of 1912.

There is however, an alternative. In poorly equipped hospitals, without adequate facilities for the sterilization of instruments or dressings, without X-Ray equipment, laboratory facilities or sufficient food supplies, with a second rate surgeon, an untrained assistant and a makeshift etherizer, it is possible to provide for the Industrial Accident work at a considerable profit. One would suspect that much of the Industrial Accident work in the State in question is taken care of in this manner.

If a patient occasionally succumbs to infection or to bungling etherization, who is to complain? Not the corporation nor the insurance company which cares for its interests. Only one worker withdrawn from the ranks and one family deprived of its means of support and perhaps made a public charge.

THE HAMILTON BILL.

One thing the present House of Representatives of Rhode Island has done to which the JOURNAL wishes particularly to direct the attention of its readers. It has passed a bill, known as the Hamilton bill, which so amends the present law that children of fourteen may be examined by the superintendent of schools and if found "mentally incapable of making further educational progress through school attendance" and, if physically fit, may receive permits to work. This bill was reported favorably by the Committee on Education in spite of the fact that at a public hearing representatives of many welfare organizations including the Providence Society for Organizing Charity, the United League of Women Voters, the Consumers League and many others and many prominent individuals among whom were Dr. Arthur H. Ruggles, Miss Mary H. Gardner, Superintendent of the Providence District Nursing Association, Professor C. E. Eckstrom of the Department of Education at Brown University appeared to oppose the measure. This bill has been further condemned by many other organizations as, for example, The Employers Association, The Providence Chamber of Commerce, The Exchange Club, The Providence Safety Council, and

The W. C. T. U. The bill is now in the Senate Judiciary Committee.

At their last meeting the House of Delegates of the Rhode Island Medical Society unanimously passed a resolution condemning the bill and supporting the Peck bill which provides for a survey of all physically and mentally handicapped children.

The Hamilton bill, if passed, will represent a definite step backward and a definite move on the part of the State to shirk certain of its responsibilities. From the educational standpoint it must be considered harmful as it involves the removal from the schools of the very children who need further and specialized attention. Furthermore, the loose wording of the clause which allows the superintendent of schools to "find" a child "incapable of making further educational progress through school attendance" is indefinite and not only lays the school superintendent open to pressure at the hands of those interested in getting these children into industry but also puts a premium on laziness and inefficiency on the part of the scholar who may by doing poor work be adjudged unable to progress and therefore be dismissed from school a year earlier than his more industrious associates.

The JOURNAL, however, is particularly interested in the medical aspect of the question. By providing a means for taking backward children from the schools during the year of their lives in which most children reach physical maturity it deprives these unfortunate adolescents of association with, and supervision by adults who are interested in their mental and moral welfare, and places them under conditions in which they are very liable to fall into ways of life and habits which will render the acquisition of venereal infections almost inevitable. It is, moreover, a matter of common knowledge that the inhibitions which prevent the developing child from committing immoral acts are especially weak in the mentally sub-normal. These children are especially incapable of moral judgments and very many of them, being unable to form such judgments correctly and live properly adjusted to our social scheme, end as inmates of our penal institutions or hospitals for the insane.

The JOURNAL believes that rather than allow backward children to drift untrained into the in-

dustrial life of the community where misfortune almost certainly awaits them and where many of them must become a menace through acquiring venereal infection, most careful efforts should be made beginning in the way suggested by the Peck bill to carry out special courses of training for them along the lines suited to their individual capabilities with a view to making them self respecting and self supporting citizens.

SOCIETIES

RHODE ISLAND MEDICAL SOCIETY.

QUARTERLY MEETING.

The regular quarterly meeting of the Rhode Island Medical Society was held at the Medical Library, Providence, December 6, 1923, the President, Arthur T. Jones, presiding.

The minutes of the September meeting, and of the Council and House of Delegates were read by the Secretary and approved.

The President called attention to Harding Memorial Week of December 9-15, 1923.

In accordance with the request of the Surgeon General of the United States Army that a committee from this Society be appointed for the purpose

"(a) To establish and maintain contact with the War Department through the Surgeon General;

"(b) To promote the organization of the Reserve Corps by procurement of enrollments therein;

"(c) To receive information from the War Department in connection with the Reserve Corps and to convey the same to the Society;

"(d) To convey the recommendations of the Society for the improvement of the organization and training of Reserve Officers."

The President appointed the following Military Committee: Dr. B. H. Buxton, Dr. R. C. Robinson, Dr. H. C. Pitts.

The President made the following appointments:

1. Delegates to the State Medical Society of
 - a. Maine: Dr. W. B. Cutts, Dr. C. R. Doten.
 - b. New Hampshire: Dr. E. A. Shaw, Dr. Eric Stone.
 - c. Vermont: Dr. J. C. Rutherford, Dr. H. W. Hopkins.
 - d. Massachusetts: Dr. G. W. Gardner, Dr. A. H. Miller.

e. Connecticut: Dr. C. O. Cooke, Dr. C. S. Christie.

2. Member-at-large of Board of Trustees of Medical Library Building for one year: Dr. C. H. Holt, Pawtucket, R. I.

3. Anniversary Chairman: Dr. F. V. Hussey.

Dr. C. H. Leonard reported the deaths of two former Fellows, i. e., Wallace R. Potter, November 17, 1923; Lucy R. Weaver, November 17, 1923. Referred to Committee on Necrology.

The President invited Dr. Byron U. Richards, Secretary State Board of Health, to address the meeting apropos of the so-called "Diploma-Mill Scandal" whereby several cases of the illegal practice of medicine had been brought to public attention in Connecticut. Dr. Richards recited in considerable detail the Board's several cases which had come to the attention of the Board as possibly requiring scrutiny of medical education of these practitioners and stated that the investigation of the Board had not been completed.

It was moved and seconded that a vote of confidence be given the State Board of Health and that the services of this Society be offered the State Board of Health to aid in its investigation of any question of irregularities of the Medical Practice Act in Rhode Island.

Objection to the resolution was raised on account of the report of the State Board of Health being incomplete and on vote, the resolution was lost—12 aye; 36 no.

Dr. Hawkins moved to accept the recommendations of the House of Delegates "to offer the services of the Society to any effort directed to upholding the Standards of the Medical Profession in Rhode Island." Seconded—Dr. Champlin. It was so voted.

The following papers were read:

* 1. "Coxa Plana with Report of Cases," Dr. Murray S. Danforth, Providence. Discussion by Dr. Roland Hammond.

2. Some of the Practical Lessons from the World War and Reconstruction Period—Conclusions of the International Congress of Medicine and Surgery, Rome, Italy, 1923," Dr. Wm. Seamans Bambridge, New York City.

Following adjournment, a collation was served in the Library Building.

J. W. LEECH, M.D., *Secretary*

PROVIDENCE MEDICAL ASSOCIATION

The regular monthly meeting of the Providence Medical Association was called to order by the President, Dr. George W. Van Benschoten, Monday evening, April 7, 1924, at 9 o'clock. The records of the last meeting were read and approved.

The President announced the appointment of Dr. Charles V. Chapin to represent the Association as a member of the State Governing Committee of the Gorgas Memorial Institute. He also announced the appointment of Dr. C. W. Skelton to take the place of Dr. Bigelow in the House of Delegates of the Rhode Island Medical Society. The President announced the death of Dr. Frank C. Peckham and appointed as a Memorial Committee Dr. Roland Hammond, Dr. M. B. Milan and Dr. Jay Perkins.

Dr. W. N. Hughes urged the Association to send to the New England Telephone & Telegraph Co. a letter which he read protesting against the shortcomings of the service rendered physicians. After remarks by Dr. Ventrone, this was referred to the Standing Committee.

Dr. Van Benschoten showed a child of about four who had fallen and forced into his orbital cavity over two inches of heavy scissors blade which had broken and escaped detection by two physicians before X-ray demonstrated its presence, and it was removed with very slight injury to the patient.

A symposium on peptic ulcer was opened by Dr. George S. Mathews, who presented the medical aspects. In an unusually well written paper he first discussed etiology, symptoms and diagnosis, this part of course being of common interest and value to both internist and surgeon. He then spoke briefly of the better known dietetic treatments, this being the main procedure of the medical man combined with the use of alkalies.

Dr. Lucius C. Kingman in discussing the surgical aspects did not attempt to cover again the summary of etiology and diagnosis which had been gone over by Dr. Mathews. He pointed out that errors in diagnosis were more apt to lead to false conclusions as to the results of treatment when the belly was not opened. (Dr. Mathews had pointed out that even then the surgeon could not be sure of his diagnosis). As obviously surgical conditions, Dr. Kingman grouped perforation,

mechanical obstruction and repeated hemorrhage; as medical, acute ulcer and known urgent cases not included above. In general he felt inclined to treat surgically all that did not respond promptly to medical treatment.

The impressions derived from the two papers might be summarized by the following quotations from Dr. Mathews: "The subject . . . is still somewhat in the realm of theory because there remains much to be determined regarding the etiology of peptic ulcer, and much concerning its diagnosis and its treatment remains a fruitful source of controversy . . . The medical man and the surgeon should work together and in the most fraternal harmony, the one supplementing the work of the other, both being aware that no one treatment can be applied in all cases." Both speakers emphasized the value of X-ray examinations.

Dr. James F. Boyd presented a large and very instructive series of X-rays illustrating the results of treatment in cases from a few months to three years in duration.

On the motion of Dr. Mowry the discussion was postponed to the next meeting. The meeting adjourned at 11:10 P. M. Attendance 100. Collation was served.

Respectfully submitted

PETER PINEO CHASE

Secretary

The regular monthly meeting of the Providence Medical Association was called to order by the President, Dr. George W. Van Benschoten, Monday evening, May 5, 1924, at 8:55 P. M. The records of the last meeting were read and approved.

Dr. George T. Spicer reported for the Child Welfare Committee, and with the consent of the meeting gave the report by title only and announced that it would be published in the RHODE ISLAND MEDICAL JOURNAL.

Dr. L. B. Porter read the report of the Memorial Committee on the death of Dr. Norton Bigelow, and it was voted that the report be spread on the records, a copy sent to the family, and the report printed in the RHODE ISLAND MEDICAL JOURNAL.

Dr. Roland Hammond read the report of the Memorial Committee on the death of Dr. Frank

E. Peckham, and it was voted that the report be spread on the records, a copy sent to the family, and the report printed in the RHODE ISLAND MEDICAL JOURNAL.

The Standing Committee having recommended that the Association send to the New England Telephone & Telegraph Co. the letter read at the last meeting protesting against the service rendered physicians, it was voted that it expressed the sense of the meeting and should be transmitted to the telephone company.

The discussion on Peptic Ulcer having been continued from the April meeting, it was opened by Dr. D. F. Gray and Dr. G. A. Matteson, followed by Dr. C. O. Cooke, Dr. Halsey DeWolf, Dr. Jesse Mowry, Dr. George T. Mathews, Dr. Lucius C. Kingman, and Dr. James F. Boyd, the general trend of the talks being in substantial agreement with the papers previously read.

The paper of the evening was read by Dr. V. O. Oddo on "Diagnoses of Diseases of the Bladder, Ureter and Kidney, and Roentgenological Case Reports." This was an exhaustive resume of all the important genito-urinary conditions, and was followed by excellent slides of cases seen by the author.

The paper was discussed by Drs. J. Edwards Kerney, Eric Stone, Anthony Corvese, and the author.

Attendance 80. The meeting adjourned at 11:20 P. M. Collation was served.

Respectfully submitted

PETER PINEO CHASE
Secretary

PAWTUCKET MEDICAL ASSOCIATION

The April meeting of the Pawtucket Medical Association was held on Thursday evening, April 17, 1924, at the Blue Willow Inn, Pawtucket.

Dr. T. Edward Duffee, our new President, was in the chair. The speaker of the occasion was Dr. Lawrence B. Morrison of Boston, who gave a very interesting and instructive talk from plates on X-ray diagnosis as an aid to the general practitioner.

The discussion was opened by Dr. Isaac Gerber of Providence.

An enjoyable collation followed adjournment.

Respectfully submitted

R. T. HENRY
Secretary

The May meeting of the Pawtucket Medical Association was held May 15, 1924, at the Blue Willow Inn, Pawtucket, R. I.

The meeting was called to order at 9 P. M. with Dr. Duffee presiding.

A motion to delete Article V, Sections 4, 5 and 6, from the By-Laws failed to pass.

The Standing Committee reported favorably on the names of Dr. Harry Friedman and Dr. W. P. Bernard. Secretary was instructed to cast a ballot for their election to membership and a motion was made to suspend the By-Laws to that effect.

The Association expressed its regret at the inability of Dr. Richards to attend because of recent illness.

The paper of the evening, "The Relation of Tonsil and Bronchial Gland Infection," was presented by Dr. Henry Utter of Providence. Talk was illustrated with X-ray films.

Adjournment at 10:30 P. M.

Collation followed the meeting.

ROBERT T. HENRY
Secretary

MISCELLANEOUS

REPORT OF THE CHILD WELFARE COMMITTEE OF THE PROVIDENCE MEDICAL ASSOCIATION.*

There are in Providence child welfare stations which are open once a week and it has seemed important to your Committee to acquaint the medical profession with their scope, purpose and procedure.

Parents in the neighborhood of each station are invited to bring their babies to them for weighing and examination and if not sick their feeding may be supervised and regulated by the station physician. At one of the stations children from two to six years old are carefully examined but no treatment is given. Should treatment be found desirable, either of a baby or a young child, the station physician signs a refer slip which the parent is directed to take to the family physician.

The stations are conducted by the Providence Child Welfare Committee which is composed of the station physicians and representatives from the

*Read before the Providence Medical Association by Dr. Spicer, May 5, 1924.

Health Department, the District Nursing Association, the Congress of Mothers, and various other social service organizations. The Committee has drawn up certain rules for the procedure at the welfare stations and our Committee has carefully considered them and given them our approval. We publish these rules below and if there is any criticism or misunderstanding concerning them on the part of any member of the Providence Medical Association any one of us would like to discuss the point with him.

RULES OF THE CHILD WELFARE STATIONS.

The purposes of the child welfare station are as follows:

1. The examination of infants and pre-school children. The reporting of diseases and defects to the parent, with explanation of their significance and the desirability of visiting his physician for treatment.

2. The supervision of the diet and general care of well infants under two years of age.

The procedure of the child welfare station shall be as follows:

1. When children between two and six years of age are brought to the child welfare station they shall be given a complete physical examination and this examination recorded on the card provided for that purpose. Defects and diseases shall be noted on the card and briefly explained to the mother. A form shall be filled out noting the defects found and addressed to the patient's physician, or in case of inability to pay a physician this letter may be addressed to a hospital clinic.

These children are to be examined and referred to other physicians as stated. They are to be invited to return in a year for another examination. It is especially important that no medical treatment at all should be given, even for colds, pin worms, ring worms, etc. This is for two reasons. In the first place, if children are brought in for minor ailments and treated for them, the main function of the welfare station is obscured and less time and attention is given to the routine examination, secondly, if any treatment is given, the welfare station physician is led into false position of giving free treatment to the prosperous patient of another physician. If treatment is required, the private physician, the hospital clinic and the city physician are always available. In every such case instructions must be given to take the patient to

his regular physician as it is only by co-operation between the welfare station and other physicians that good results can be obtained.

2. If a baby is considered a well baby, his feeding may be regulated and followed up by the welfare station. This does not mean that so-called feeding cases with any considerable degree of malnutrition shall be cared for at the welfare station as these are sick babies and should be referred to a physician or clinic.

With these babies, as with the older children, a physical examination shall be made and recorded. Defects shall be noted and if necessary they shall be referred to a physician or clinic for treatment.

Breast-fed infants should return to the station at least once a month and bottle-fed at least once in two weeks. All babies not gaining properly should be seen by the welfare station physician.

All feedings shall be prescribed by the physician. Nurses shall not be allowed to change formulae except as an emergency measure, and this shall be reported at once to the welfare station physician.

It is considered inadvisable to attempt to standardize the methods of feeding, but in general it is recommended that milk be sterilized for babies up to one year. The reports of the inspector of milk are at hand in each station, and can be used in recommending a milk dealer to the parent.

Cod liver oil is recommended for all babies with signs of rickets, and for all Italian, Portuguese and negro babies.

It is recommended that mothers be advised to have the babies vaccinated before six months of age and to have babies over six months and pre-school children given toxin antitoxin immunization.

No child with a contagious disease may come to the welfare station.

The nurses may invite to the child welfare station for weighing and physical examination all children between the ages of two and six who are not under the active care of a private physician.

Nurses may invite to child welfare station babies under two years to have feedings regulated by station physician if there is no private physician actively interested. Babies under the care of a private physician may be weighed at the station but physical examination or advice regarding feeding in these cases should not be given except at

the request or with the permission of the physician.

The child welfare nurses shall co-operate closely with the private physicians, referring back to them any babies showing symptoms of illness. The child welfare nurses shall do their utmost to see that the instructions of the attending physician are carried out in the home.

The name of family doctor to be recorded when baby is admitted to a child welfare station so that in case it is necessary to refer child back to him at any time his name may be used on the referring card.

REGULATIONS FOR NURSES.

The nurse doing follow-up work from the Welfare Stations shall be subject to the following regulations.

1. No nurse may prescribe or change a formula except in emergency and shall then get in touch with welfare station or family physician concerning it.

2. Nurse may advise mothers to give their babies a little zweibach and cereal after six months, soup after seven months, strained vegetables after eight months. (This applies only to normal babies.)

3. In case of diarrhoea the nurse may advise the mother to omit feeding (substituting boiled water) and to consult the doctor immediately.

4. Nurses may strap a protruding umbilicus and refer baby to clinic or private doctor.

5. Nurses may advise orange or tomato juice, for a baby over three months old.

6. Nurses may advise nothing stronger than simple albolene in case of cold or nasal irritation.

ELLEN A. STONE, M.D.

GEORGE T. SPICER, M.D.

WM. P. BUFFUM, JR. M.D.

Committee

ANNOUNCEMENT OF AWARDS FROM THE BENJAMIN FRANKLIN FUND.

Established in London, 1759.

Benjamin Franklin spent much time in England from 1757 to 1762 representing the American colonies. While here he placed one hundred pounds in the hands of members of the Society of Friends as a trust, to be invested with accumulations, for

not less than one hundred and fifty years. Thereafter at the discretion of the Trustees, awards were to be made from time to time for the most valuable contributions to science considered by them either manuscript or published, on the subject of cures, but particularly in relation to surgery, the nervous system and part "mind treating" have in the recovery and preservation of health.

Announcement is now made of the first awards from this fund.

Minor award, Fusakichi Omori of Tokio, unpublished treatise, "The Rotary Knife in Surgery," five hundred pounds and publication of treatise.

Award, Charles P. Steinmetz of Schenectady, privately published treatise, "The Nervous System as a Conductor of Electrical Energy." One thousand pounds and republication of treatise.

Major Award, Pierson W. Banning of Los Angeles, on published work, "Mental and Spiritual Healing; All Schools and Methods; A Text Book for Physicians and Metaphysicians." Two thousand five hundred pounds, scholarship.

ROBERTS LLOYD-GRESHAM

For the Trustees

London, W. I.

OBITUARY

FRANK E. PECKHAM, M.D.

Dr. Frank E. Peckham was born May 13, 1862, at Hopkinton, Rhode Island, and died at his home in Providence, Rhode Island, March 9, 1924, after a brief illness. He was graduated from the Westerly High School, Brown University, Ph. B., 1885, and Harvard Medical School, M. D., 1890. He served as an interne for one year at the Boston Children's Hospital. After finishing his preliminary education he settled in Providence and immediately became interested in the practice of orthopedic surgery. He served as orthopedic surgeon at the Rhode Island Hospital from 1895 until 1913, and at St. Joseph's Hospital from 1904, until his death in 1924. He was Consulting Orthopedic Surgeon to Memorial Hospital, Pawtucket, Rhode Island, and to the Woonsocket Hospital, Woonsocket, Rhode Island. Dr. Peckham was the first in this community to practice modern orthopedic surgery and left behind him a monu-

ment to his ability and an enviable reputation in his chosen profession. He was a man of marked personality, characterized by a rugged honesty and independence of thought in his work which caused him to forge ahead on lines of his own, untrammelled by tradition or the views of other workers. His independence of thought and action resulted in several notable contributions to the science of orthopedic surgery. He was the first man in this country to perform the operation of nerve transplantation. His work in fractures was characterized by simplicity of apparatus, due regard to fundamental mechanical principles and a striving for accurate position of fragments and perfect functional results.

His greatest happiness was in his work and his pride in his profession. While a member of several social clubs, he was not given to social life, but was an earnest student and entirely absorbed in his professional work. His love and enthusiasm for scientific work was one of his outstanding characteristics. He was the first man in this country to apply physiotherapy to orthopedic conditions and his work in this line has been notable. One of his best known characteristics was his punctuality, whether at hospital visits or when called in consultation. During his latter years he had done much original work in calcium metabolism.

At one period in his career he appeared frequently in court as an expert witness. His testimony was always convincing and honest, and his loyalty to the medical profession was an outstanding characteristic.

He was a member of the Providence Medical Society and its President from March, 1913, to January, 1914; of the Rhode Island Medical Society and its President in 1922 and 1923; the American Orthopedic Association; the American Electro-Therapeutic Association; the Boston Orthopedic Club, and the American Medical Association. He was a member of the Providence Clinical Club; a member and one of the founders of the Medical Improvement Club. He was a member of the University Club and the Economic Club.

He married Miss Alice Fancher and had one daughter, both of whom survive him.

ROLAND HAMMOND, M.D.

MICHAEL B. MILAN, M.D.

JAY PERKINS, M.D.

F. NOLTON BIGELOW, M.D.

The death of Dr. F. Nolton Bigelow, at the age of 39 years, and in the height of promise for a career of exceptional brilliancy in his chosen branch of medicine brings sorrow, keen and personal, to us, his friends, and constitutes a serious professional loss to this entire community.

He was born in Davisburg, Michigan, October 22, 1885, the son of Charles N. and Mary (Maybee) Bigelow. He had one brother. He attended the University of Michigan, where he was graduated in 1907 with the degree of M. D., entered the Rhode Island Hospital as an interne in November, where he served until the completion of his duties in 1909. He then served an internship in the Massachusetts Eye and Ear Infirmary. In January, 1911, he was appointed Otological Extern to the Rhode Island Hospital and, in December of the same year, Assistant Surgeon in the Department of the Ear, Nose and Throat, serving as such until July, 1920, when he was made a Full Surgeon, which position he held until the time of his death. During his entire residence in Providence he practiced exclusively Otolaryngology.

Dr. Bigelow married Laura H. Smith, a musician, of Brandon, Manitoba, in April, 1917, whom he leaves, with a young son and daughter.

He was a member of the University Club, the Agawam Hunt, the American Laryngological Association, the American Otological Society, the American Laryngological, Rhinological and Otological Society, serving as Chairman of its Eastern section at its meeting in Providence, 1923. He was also a member of the American Academy of Ophthalmology and Otolaryngology, the New England Otological Society, the Rhode Island Medical Society, the Providence Medical Association, and was President of the Rhode Island Society of Ophthalmology and Otolaryngology in 1923. Among his publications were, "Lung Abscess following Tonsillectomy," "Observation of the Mastoid Structure by Means of the X-Ray," "Some of the Dental Problems of the Otolaryngologist," and "A Type of Enucleator that Isolates the Tonsil and Its Contents from the Mouth and Pharynx during Tonsillectomy." Perhaps one of his most valuable scientific contributions was his research work in connection with "Types of Mastoid Structure with Special Reference to their Differentiation by Means of Stereo-

radiography." In this work he was closely associated with Dr. Isaac Gerber of Providence, R. I., along with the collaboration of Dr. Joseph C. Beck of Chicago, Ill., and Dr. Samuel Iglaue, of Cincinnati, Ohio. Through the generosity of Dr. Alexander B. Randall of Philadelphia, Dr. Bigelow had access to a large number of human skulls from Dr. Randall's collection, and was able to differentiate many of the types of mastoid complexity. This has proven of value in operative interference for the relief of mastoiditis. These studies of his, while carried on in a quiet and unostentatious manner, have received world wide acknowledgement and most flattering comment from authorities throughout the country. Dr. Bigelow, at the time of his death, had about completed his translation from the German text of "Witmaacks Treatise on the Mastoid Bone," but, on account of difficulties with some of the publishing houses, it has not as yet appeared in print. So far as can be learned, arrangements have been made with Dr. Hanau Loeb, who will publish it in one of the special journals in which he is interested.

In the spring of 1918, Dr. Bigelow applied for service in the World War and was given a Lieutenantancy in the Medical Corps, U. S. Army. He was ordered to join the U. S. Army, General Hospital, No. 115, which was then being formed at Cape May, N. J. This was a unit made up of specialists in head diseases, consisting of four departments: Neuro-Surgery, Otolaryngology, Ophthalmology and Oro-plastic Surgery. This unit was intended to and soon did go to France, but Dr. Bigelow, on account of a severe gastric attack, just prior to the receipt of orders to proceed to Cape May, was obliged to remain in this country with the home unit stationed at the above place. In spite of his many attacks of gastric pain and distress, he went about his duties with faithfulness and was considered by his senior officer as his ablest medical assistant. The most trying cases, requiring most difficult operations in the department of Otolaryngology, were assigned to him, and his counsel and advice from a previous rich experience caused his services to be in demand by his fellow officers. He was recommended for promotion and would have received it had not an order stopping all promotions been issued at that time. By the summer of 1919 his work had

become lighter and he found himself assigned to the Army Lip-Reading School, for the re-education of soldiers deafened by toxic disease or concussion, returned to this country from over seas. This school was the only one of this character in our Army, at the time, and its unique record and splendid achievement, according to the statement of Dr. Gordon Berry, his superior officer, is one of the outstanding phases of the Army Reconstruction Work. Bigelow's earnest medical efforts for these students not only bettered their health but served to make this school the success it was. Much of the valuable service that he, in after years, was able to render to the Rhode Island Institute for the Deaf was stimulated by the experience which he had gained from the teaching of this deafened group of soldiers while in service.

Dr. Bigelow was first operated upon for duodenal ulcer in 1918 and, later in 1919, a posterior gastro-enterostomy was done by Dr. Mixter of Boston. From then until December, 1923, he was relatively well, but, the last two months of his life, he suffered constantly from abdominal pain and distress. On February 5, 1924, a partial gastrectomy was done by Dr. Daniel F. Jones of Boston. He died February 13, 1924, and was buried at Swan Point Cemetery, Providence, R. I.

During the last year of his practice, Dr. Bigelow had associated with him, Dr. Francis B. Sargent, who is also a graduate of the Massachusetts Eye and Ear Infirmary.

The outstanding features of Bigelow's character were simplicity, directness, clearness of vision and perfect honesty of purpose; the shining lesson which his life teaches us is to know our work, to do it well and always look to do it better. The sad reflection which his death brings is that so young a man, so brave a spirit, so brilliant a promise can be lost to a world that can ill afford to see them pass.

N. DARRELL HARVEY
HALSEY DE WOLFE
LOUIS B. PORTER

BOOK REVIEWS

THE SCIENCE AND ART OF ANESTHESIA

By COLONEL WILLIAM WEBSTER, D.S.O., M.D., C.M.

Published by the C. V. Mosby Company, St. Louis, 1924, \$4.50.

A small manual on anesthesia for the medical student and occasional anesthetist. The specialist in anesthesia is referred to larger works and to the current literature. It would be difficult to find a more complete and at the same time more concise exposition of theoretical anesthesia than this volume affords. The history of anesthesia and the physiology of anesthesia are admirably presented in the opening chapters. The usual methods of anesthesia are generally well described. The newer methods are treated with a wise conservatism. The chapter on "Ethylene" closes with this statement, "It behooves us, therefore, while retaining an open mind on the subject, to await further investigations of this drug and a larger record of cases before we can prophesy what position it will occupy in the future realm of anesthesia." The work has 37 illustrations, the majority of which are not original but are well chosen. Features of the book are copious references to the literature of anesthesia and a well arranged index. Although planned for the beginner, the work will well repay the expert for a perusal of its pages.

PHYSIO-THERAPY TECHNIQUE

By C. M. SAMPSON, M.D.,

Formerly of the Physio-therapy Service,
Walter Reed Hospital, Washington, D. C.

C. V. Mosby Co., Publishers.

"Negative therapy has had its day, and a long day."

In our present medical world many of the best trained men tend towards therapeutic nihilism; in the great mass of our population (our field of operation, so to speak) the urge is ever more marked towards the healer who acts, who does something, which all too often means towards the quack, or, at least, the follower of the numerous and fast increasing "pathies."

Here is a book, well written, especially well printed and illustrated, by an author of vast experience and evident scientific attainment, which holds out the hopeful outlook for active, and, if properly directed, successful treatment in many

diseases, in which, heretofore, treatment has been classed largely as "expectant."

In his preface Dr. Sampson defines the "conservative" as "a compromise between the progressive who demands progress and the ultra-conservative who wishes to stop progress and dig in," while he calls the "true conservative" the man, "not satisfied with no progress, but refusing to advance until the ground has been scouted, etc." It is the last who "makes the fastest progress." That Dr. Sampson has scouted the ground and well, no one can doubt who has read this book.

Again he says, "It is my intention to make this book different from any other available on therapy." This he has done; not only by a clear description of the proper application of physio-therapeutic methods, but by repeated emphasis upon the fact that these methods have been often most improperly used. The work is clearly and simply written, definite and exhaustive in its discussion of the varied means of application of heat, light, massage, electricity, hydrotherapy and X-Ray; it is highly instructive to the uninformed and should be a well nigh complete guide to the specialist in this line.

Finally, one is impressed throughout, but especially in the Preface and Introduction, with Dr. Sampson's fairness and honesty in dealing with the "conscientious objector." Enthusiastic, over enthusiastic on his special subject as he may be, he asks only that the physiotherapeutist be given the chance to stand beside, not replace, the surgeon and internist, be allowed to prove his right to existence, and if so allowed, declares that he will do the rest. That the writer has been given this chance and, time and again, made good in the great work of physical reconstruction of our war casualties, in many government hospitals and in hundreds of cases, the book clearly shows.

The strong argument, sustained throughout, that, though Physio-therapy has been extensively practiced, it has often been incorrectly practiced is very convincing to the mind accustomed to look somewhat askance at this method of cure.

The work is to the point and timely, since our large general hospitals, all over the country, are establishing Physio-therapeutic departments. To such hospitals, as well as to the alert and well trained physician of today, this book should be of extreme value.

(Continued on page XVII.)